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COMMITTEE ON SUBORDINATE LEGISLATION

(ELEVENTH LOK SABHA)

SIXTH REPORT

[Action Taken Report on the Implementation of Recommendations Contained in the Thirteenth Report on Rules/Regulations Framed under the Indian Medical Council Act, 1956

[Presented on 11.3.1997]

LOK SABHA SECRETARIAT
NEW DELHI

March, 1997/Phalguna, 1918 (Saka)

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TO

THE SIXTH REPORT OF THE COMMITTEE ON SUBORDINATE LEGISLATION (ELEVENTH LOK SABHA)

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COMPOSITION OF THE COMMITTEE ON SUBORDINATE LEGISLATION (1996-97)

1. Shri Krishan Lal Sharma—*Chairman*
2. Shri V. Alagirisamy
3. Shri N. Dennis
4. Shri Ashok Gehlot
5. Shri Bhupinder Singh Hooda
6. Shri Vijay Kumar Khandelwal
7. Shri Thota Gopala Krishna
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11. Shri M. Baga Reddy
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13. Shri D.B. Roy
14. Shri P.C. Thomas
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SECRETARIAT

1. Dr. A.K. Pandey — *Additional Secretary*
2. Shri J.P. Ratnesh — *Joint Secretary*
3. Shri P.D.T. Achary — *Director*
4. Shri Ram Autar Ram — *Director*
5. Shri B.D. Swan — *Under Secretary*

INTRODUCTION

I. the Chairman, Committee on Subordinate Legislation having been authorised by the Committee to submit the report on their behalf, present this Sixth Report on "Implementation" of recommendations contained in the Thirteenth Report of the Committee on rules/regulations framed under the Indian Medical Council Act, 1956.

2. The matters covered by this Report were considered by the Committee at their sitting held on 23 January, 1996 and 5 March, 1997.

3. The Committee took oral evidence of the representatives of the Ministry of Health and Family Welfare regarding implementation of recommendations contained in the Thirteenth Report of rules/regulations framed under the Indian Medical Council Act, 1956. The Committee wish to express their thanks to the representatives of the Ministry for furnishing the desired information.

4. The Committee considered and adopted this Report at their sitting held on 5 March, 1997. The Minutes of the sitting relevant to this Report are appended to it.

5. For facility of reference and convenience recommendations/observations of the Committee have been printed in thick type in the body of the Report and have also been reproduced in consolidated form in Appendix-I of the Report.

KRISHAN LAL SHARMA,
Chairman,
Committee on Subordinate Legislation.

NEW DELHI:
March, 1997

Phalguna, 1918 *(S)*

CHAPTER I

DELAY IN IMPLEMENTATION OF RECOMMENDATIONS CONTAINED IN THIRTEENTH REPORT OF THE COMMITTEE ON SUBORDINATE LEGISLATION (TENTH LOK SABHA) RE: RULES/ REGULATIONS FRAMED UNDER THE INDIAN MEDICAL COUNCIL ACT, 1956—BACKGROUND

The Thirteenth Report of the Committee on Subordinate Legislation (10 LS) on the rules/regulations framed under the Indian Medical Council Act, 1956 was presented to the House on 9 December, 1994. The Report was thereafter forwarded to the Ministry of Health and Family Welfare on 19.12.94 for implementation of the recommendations of the Committee contained therein and their attention was also drawn to the recommendations of the Committee contained in para 93 of their Sixteenth Report (Fifth Lok Sabha) where the Committee have prescribed a time limit of six months within which the Ministries/Departments of the Government of India should implement the recommendations. In accordance with this recommendation, the Ministry of Health/Medical Council of India were required to implement the recommendations contained in the Thirteenth Report by 9 June, 1995.

1.2. On 29 May, 1995 the Ministry of Health stated that the views/action taken report of the Medical Council of India on the recommendation of the Committee on Subordinate Legislation was sought by them and that the Medical Council of India has constituted a three member sub-committee to go through the matter and to suggest further action. In view of this the Ministry sought an extension of time for 3 months i.e. upto 18 September, 1995. The request was acceded by the Committee.

1.3. In a further communication dated 15 September, 1995 the Ministry of Health stated that the suggestions of the Medical Council of India on the recommendations of the Committee have been obtained by them and were being examined in the Ministry for which some more time was required and therefore sought an extension of 3 months period beyond 18 September, 1995 i.e. upto 18 December, 1995. The request for extension of time was acceded to by the Committee.

1.4. In a subsequent communication dated 7 December, 1995, the Minisitry of Health stated that the suggestions of the Medical Council of India and the Directorate General of Health Services on the recommendations of the Committee were being examined in the Ministry for which they sought an extension of time upto 18 March, 1996.

1.5. The Committee observed that even after a lapse of 12 months of the

presentation of the Report the Ministry did not furnish the final action taken note, therefore, the Committee decided to take oral evidence of the Ministry of Health to explain formally the reasons for the delay in implementation of the recommendations contained therein. Thus the representatives of the Minsitry of Health appeared before the Committee on 23 January, 1996.

1.6. On being asked about the action taken by the Ministry with regard to implementation of recommendations made in the Report, Smt. Shailaja Chandra, A.S. of the Minstry of Health stated that the Medical Council of India had constituted sub-Committees for the purpose and the Committees have given their report to that Ministry on 25 July, 1995. These have been marked to the Director-General of Health Services which has got a Wing on Medical Education. She further stated that the Ministry have taken a view on all the points and this would be forwarded to the Committee.

1.7. On being asked by the Chairman whether the Ministry disagreed with the Medical Council of India on any point Shri P.P. Chauhan, Secretary stated that as far as the recommendations of the Committee are concerned the Minstry would like to implement them.

1.8. The Committee insisted that the Medical Council of India publish a directory of Medical Practitioners indicating the names & addresses of the Doctors, their qualification, specialisation, consultation fee and other charges. The directory could be made available in all medical shops. Shri P.P. Chauhan, Secretary stated that directories may be made available in district police stations pharmaceutical shops etc. The Committee also desired that the private doctors be brought under the purview of the Medical Council and rules may be framed to this effect.

1.9. The Chairman desired that the Medical Council should maintain a record of the Doctors who have registered themselves with them and should make it compulsory for the Doctors to renew their registration, which will enable the Medical Council to know the speciality of the Doctor, qualification of the Doctor and the whereabouts of the Doctors. The Doctors may also be charged for renewing their registration.

1.10. The Chairman also desired that the consultation fee should cover a period of atleast 48 to 72 hours, if the Doctor repeats the checking on his own volition. Shri P.P. Chauhan, Secretary (Health) assured to do his best in this regard.

1.11. Smt. Shailaja Chandra, Additional Secretary stated that a curriculum has been prepared for attaching the doctors to the rural areas to do community service to evalutate their social commitment before their final admission to the Medical Course.

1.12. Dr. V.P. Bansal, MCI stated that during intership of one year, Doctors are posted in rural areas for three months and at a meeting of the Central Council it was decided that the Doctors may not be given degrees unless they serve in the rural areas for a period of two or three years and

that a permanent registration be given only after the completion of their rural training. Shri P.P. Chauhan, Secretary (Health) was of the opinion that this condition could be put before admission to post graduation courses.

1.13. To the recommendation of the Committee that there should be a uniform pattern of fees charged by different medical colleges, Smt. Shailaja Chandra, Additional Secretary stated that this has already been mandated by the Supreme Court.

1.14. The Additional Secretary agreed to the recommendation made in para 4.5 that it should be made obligatory for private practitioners as well as for Doctors working in any Institutions/hospital to keep clinical records of each patient and indicate their findings, diagnosis, treatments and prescription and the treatment actually undergone. However, she stated that the other part of the recommendation that the doctors should prescribe only such medicines which are within the reach of the poor patients, could be possible if the doctors prescribe the generic drugs as per the recommendation of the WHO and which should be sold only in generic names. It was also suggested that even if a medicine is sold by its brand name, a mention of the generic name should also be made and the generic name should be more prominent otherwise the seller should be taken to the Consumer Court.

1.15. As regards recommendation that rules/regulations be framed under the Indian Medical Council Act so as to enlarge the scope of medical education by incorporating into it elementary knowledge of the indigenous systems of medicines including homoeopathy, the Secretary (Health) stated that experts feels that it may not be possible to mix up the two systems because each system is complete in itself.

CHAPTER II

RECOMMENDATIONS/OBSERVATIONS OF THE COMMITTEE WHICH HAVE BEEN ACCEPTED BY THE GOVERNMENT

Recommendation contained in Para 2.5 & 2.6
Re: Renewal of Registration

Para 2.5 The Committee observe that the existing rules under the Indian Medical Council Act, 1956 do not prescribe or make it compulsory for a doctor to have a periodic renewal of his registration with Medical Council of India or the State Medical councils as the case may be. As a result, once a doctor is registered with the Medical Council, his whereabouts are not known. It is difficult to find out whether he is alive or whether he is abroad or whether he has since changed his address and so on. In addition, the registers maintained by the Medical Council could not be updated.

Para 2.6 The Committee, therefore, desire that the Central Government/MCI should prescribe for a compulsory renewal of registration by the doctors after every five years. It should be provided that the doctors should inform in writing the Medical Council that they want to renew their membership. If the Council does not receive any such communication it should be presumed that the doctors have either gone out of India or out of practice and registration might be deemed to have lapsed/cancelled. But as soon as they come back from abroad or resume practice they must get themselves registered afresh with the Medical Council. Even change of address of doctors must be communicated to the Medical Council.

Para 2.7 The Committee further desire that the funds needed by the Medical Council for the purpose of renewal of registration may be obtained by making the renewal of registration subject to the payment of some fee which may be prescribed.

Action Taken Reply of the Ministry

The Ministry agrees in principle that there should be a provision for renewal of registration every five years preferably in the State where the doctor is practising at the time and the Regulation for revalidation be made by the MCI.

There are administrative difficulties for the renewal of about 4.5 lakh doctors all over the country particularly when MCI does not have adequate wherewithal and the State Medical Councils are also not fully geared up. In order to consider the issues and implications, a workshop is

being convened by the MCI where the views of the State Medical Councils will be ascertained on the practical aspects of the proposal.

The suggestion will be kept in view once the practicability of introducing the scheme in a phased manner is discussed by the MCI with the State Chapters. Once the idea has taken root there would be a need for a one time grant to establish the system after which the fees received can pay for the annual processing. But involvement of State Governments and State Medical Councils will be necessary if any success is to be achieved.

2.1 The Committee note with satisfaction that the Ministry have agreed in principle with the recommendations of the Committee regarding periodic renewal of registration, although they have stated that there may be some administrative difficulties for the renewal of about 4.5 lakh doctors all over the country. The Committee further note that to achieve the purpose, a workshop is being convened by the MCI to ascertain the views of the state Medical Councils. The Committee trust the Ministry to implement the recommendation at the earliest.

Recommendation Contained in Para 3.9 Re: Transparency of Fees Charged by Physicians and Surgeons

Para 3.9 The Committee feels that there should be transparency about the fee charged by a medical practitioner for the various services he renders to the patients. In other words the patient must know before hand what the charges of a particular doctor would be, so that he is able to select a doctor who suits him. The code of Medical Ethics formulated under Section 33 of the Indian Medical Council Act, 1956 contains the stipulation that doctors should announce the remuneration to the patient at the time of rendering the service. Thus, at present a patient will know about the fee, a doctor is going to charge only when he approaches the doctor. He would have to approach many doctors in this manner till he is able to find a doctor whose fee he can afford. Such a situation is most unsatisfactory. The Committee feel that the Code of Medical Ethics in respect of physician's fee is inadequate in this respect. It should be amended so as to provide for publishing the details about the physician and the fee he charges for various services. The Committee do not agree with the view that putting up a chart containing the fees in the examination room of the physician is adequate. The Committee also disagree with the view that a physician's charges should not be published. The Committee are of the view that it is desirable to bring about transparency in the fee charged by the medical practitioners, and in order to do so a directory containing all the details of the physician and their charges, should be published by the MCI. The Committee feel that the Medical

Council should make it compulsory for the doctors in private practice to notify their fees to the Medical Council which should include the standard charges for various services, operations, etc. The Medical Council would publish a directory containing the particulars of a doctor including his qualification, years of practice, availability and fee for various services he is prepared to render. Such a 'Directory of Private Practitioners' should be published every year so that it remains up-todate and doctors are also able to revise their fees annually, if they desire so. A doctor would not be entitled to charge a fee higher than that appearing in the Directory. This will enable the patient to compare the fee being charged by different doctors for similar services and select one he can afford out of a number who could possibly treat him.

Action Taken Reply of the Ministry

There are 4.5 lakh doctors in the country and at present no data base regarding names and locations of the private practitioner is available. As publication of a directory for the entire country is a huge task, publication of the directory can be undertaken in two phases. In the first phase of preparation of the directory, names of doctors could be included. In the second phase, fees can be included. The directory would be a priced publication. A beginning may be made on a pilot-basis for a limited area and the assistance of the MCI, the concerned Governments/Private Practitioners Associations, I.M.A., Rotarians and other similar agencies could be enlisted. In the first phase this would be taken up with the State Government of NCT of Delhi.

2.2 The Committee note that the Ministry have agreed with the recommendations of the Committee for publishing a directory containing the details of physicians. The Ministry have, however, suggested that in view of a large number of doctors and as no data base is available regarding name and location of the private practitioners, the job would be undertaken in a phased manner. The Committee hope that the Ministry would be able to fully implement the recommendation in a due course of time.

Recommendations Contained in Para 4.5 Re: Maintenance of Medical Records by Medical Practitioners

Para 4.5 The Committee note that the Private Medical Practitioners in India generally do not keep a medical record of the patients receiving treatment from them and are not under any obligation to do so under the code of ethics. The Committee feel that it is necessary that the doctors should keep records about the patients treated by them detailing therein their clinical findings, diagnosis, treatment, prescriptions, etc. and maintain them for at least ten years. This will help both the doctor and the patients if the patient visits the same doctor again after a lapse of time. A copy of that record should also be handed over to the patient which will be useful if the patient had to subsequently go to a hospital or visit another doctor for the same ailment or for some other ailment. If any unfortunate incident

takes place and responsibility is to be fixed, such record will be most helpful and may even provide protection to doctor. The Committee also note that the surgeons in Government hospitals, Medical Colleges and Government institutions keep a detailed note describing what exactly transpired during the operation of the patient and such a note forms part of the patient's record for future reference but the private surgeons do not maintain such a record. The Committee, recommend that it should be made obligatory for private practitioners, as well as for doctors working in any Institutions/hospitals to keep the clinical records of each patient and indicate their findings diagnosis, treatment and prescriptions and the treatment actually undergone by or given to him. The Committee further recommends that in case further treatment is required the doctor should be obliged to inform the patient of the medical expenses to be incurred by him. It should also be obligatory that a copy of the same be handed over to the patient on or before conclusion of visit/treatment/discharge. The Committee also recommend that it should be made obligatory on the part of the doctors to prescribe medicines as far as possible which the patient can afford. The Committee further recommend that the Government should evolve a system for record keeping, writing out detailed prescription and prescribing medicines which are within the reach of the poor patients so as to serve as a model for the private clinics and nursing homes.

Action Taken Reply of the Ministry

The Government agrees that maintenance of medical records for 5 years should be made compulsory. MCI will workout modalities to ensure this. This Ministry feels that medicines best suited to cure/alleviate symptoms should be prescribed, not only the ones which the patient can afford. Since in medical practice, the question sometimes is of life and death, cost cannot be a consideration and the essential medicines have to be prescribed, whatever the cost. In case many alternate medicines are available for the same disease and have the same effect, but have different prices, naturally the cheaper drugs/treatment may be adopted. The problem can be tackled if doctors prescribed the generic drugs as per the recommendations of the W.H.O. However, there are legal and administrative problems in enforcing it. Under National Health Programme drugs are prescribed by generic names. In the directory planned to be printed on medical practitioners, as stated in our reply to 3.9 it is proposed to include the fees chargeable by the medical to include the fees chargeable by the medical practitioners in the second phase of preparation of directory. However, this has essentially to be an exercise to be undertaken by State Governments and their involvement would have to be there to implement the idea.

2.3 The Committee note that the Government have agreed with the recommendation of the Committee regarding compulsory maintenance of medical records of the patients by the Doctors. To ensure that this objective is achieved the Ministry have stated that MCI would workout the

modalities. Regarding the recommendation of the Committee that it should be made obligatory on the part of the doctors to prescribe medicines as far as possible which the patient can afford, the Ministry have viewed that in medical practice, essential medicines have to be prescribed irrespective of the cost. In cases where alternate medicines are available for the same disease having the same effect, naturally the cheaper one may be adopted. However, the Ministry have stated that the problem could be tackled if doctors prescribe the generic drugs as per the recommendation of WHO.

Recommendation Contained in Para 5.9 & 5.10 Medical Education by Audio-Visual Methods

Para 5.9 The Committee note that the Medical Council of India is already making efforts to promote the use of modern methodology in teaching in the field of medical science as indicated in para 1.17 of the recommendation on Under-graduate Medical Education brought out by Medical Council of India. The measures proposed include use of Vidcotapes, setting up of a separate Faculty of Medical Education and panel of Institutions and exposing them to the latest medical education technology, revision of curriculum in the medical field according to the needs of the day at the University level and setting up of a separate Medical University which can review and do all the academic jobs all over the country uniformly including teaching and examination; use of computer-assisted programme, introductory participation by student in the pro-clinical teaching etc.

Para 5.10 The Committee regret that though it was admitted by the Director General of Health Services during evidence that the concept of teaching by using audio-visual methods has been kept in mind in the revised medical curriculum on education, yet it contains only a passing mention about it. The Committee, therefore, strongly recommend that Medical Council of India should make it compulsory for all medical colleges/teaching institutions to prescribe for a minimum number of lectures to be imparted using audio-visual techniques in substitution of the conventional lectures by teachers/professors in the class rooms. The Committee feel that teaching by audio-visual methods has a definite advantage as such lectures can be recorded properly to the optimum requirement of the students and can be played back for the students any number of times to give them a better understanding of the subject.

Action Taken Reply of the Ministry

Medical Education by audio-visual methods is an acceptable method. MCI has already recommended that medical colleges should establish medical education cells/departments. The MCI shall separately advise the medical colleges to make extensive use of all modern teaching methods, subject to availability of resources. The question of establishing University of Health Sciences by Central Government was examined in depth in the past. A view was taken that as far as the Central Government is concerned

the All India Institute of Medical Sciences, New Delhi and Post-Graduate Institute of Medical Education and Research, Chandigarh are already functioning as deemed universities. The State Governments of Andhra Pradesh and Tamil Nadu have already set up Medical Universities. The Government of Karnataka is also proposing to set up a medical university. The State Governments would again be advised to set up their own Medical University.

This Ministry agrees with the recommendations. The Medical Council of India shall advise medical colleges to make extensive use of audio-visual methods in teaching.

2.4 The Committee note with satisfaction that the Ministry have accepted the recommendation for imparting Medical Education by audio-visual methods and have stated that the Medical Council of India shall separately advise the medical colleges to make extensive use of all modern teaching methods subject to availability of resources. They have further stated that the State Governments would again be advised to set up their own Medical University and the medical colleges should be advised by the Medical Council of India to make extensive use of audio-visual methods in teaching.

Recommendations Contained in Para 6.4 to 6.6 Re: Continued Medical Education

Para 6.4 The Committee note that there are institutions, such as Indian Medical Association, Medical Council of India, A.I.I.M.S. and National Academy of Medical Sciences which are imparting continued medical education. The Government is also giving specific grants to them for that purpose. There are also some important private institutions which are running continued Medical Education Programme.

Para 6.5 The Committee, therefore, desire that Government/Medical Council of India should frame necessary regulations under the Indian Medical Council Act, 1956 to make it compulsory to attend courses or programmes for Continued Medical Education for every medical practitioner so that they may keep themselves abreast with the advancements being made in the medical sciences for the benefit of the society. Such attendance would secure credits for the participants. A minimum amount of credit would be necessary to renew registration of a doctor by the Medical Council every five years or so.

Para 6.6. The Committee further recommend that the Government should itself organise or help other bodies like the Indian Medical and Indian Medical Association as well as Universities engaged in Medical Education to organise Continued Medical Education on an extensive scale so as to cover initially within five years every doctor who wishes to continue as a registered medical practitioner. The finance for such schemes should come out of the fees to be paid by those receiving the education.

Action Taken Reply of the Ministry

The Government is in agreement with the Committee's recommendation. The Medical Council of India, medical colleges and other bodies like IMA, National Academy of Medical Sciences are imparting continuing medical education. However, this is not adequate. Different ways of decentralising the effort in order to improve coverage of practitioners particularly in the rural areas, would be explored. Medical Council of India is already examining the possibility of making regulations for attendance of CME programmes of doctors.

2.5 The Committee note with satisfaction that the Government have agreed to the recommendation of the Committee and have stated that the Medical Council of India is already examining the possibility of making regulations for attendance of continued medical education programmes by doctors.

Recommendations Contained in Para 7.5 Re: Advertising

Para 7.5 The Committee note that as per the existing provisions of the code of Medical Ethics, a physician is prohibited from advertising his profession when the intention is self-promotion *i.e.* to solicit patients directly or indirectly. However, the Committee feel that there is a need to liberalise the imparting of information to general public in respect of availability of medical services. The Committee is of the view that the public should know the names of physicians, their fees, their office locations, their office hours and other useful information that would enable people to make a more informed choice of physicians. The Committee desire that the Medical Council of India should prescribe for a clear distinction between advertising for public good and publicity for self-promotion. Once such distinction is prescribed in the code of Medical Ethics, it would not only enable the physicians to advertise their profession to the extent permissible for imparting information but it would also help the public to have wider information to make a better choice of the physician. The Committee, however support the view that there should be an absolute ban on advertisements by health professionals as well as unqualified persons based on magic remedies or unconfirmed results of success etc.

Action Taken Reply of the Ministry

The Ministry agrees that dissemination of information can be done regarding medical practitioner, fees to be charged, medical institutions, hospitals, treatment centre, specialist clinic which may not amount to publicity or propaganda. A distinction should be made between advertising for self promotion and providing information for public consumption.

2.6 The Committee note with satisfaction that the Ministry have agreed to the recommendation of the Committee regarding dissemination of information with regard to fees of the doctors, their field of specialisation etc. which may not amount of publicity or propaganda. The Ministry have

also agreed to prescribe distinction between advertising for self promotion and advertising for public good as per the recommendation of the Committee.

Recommendation Contained in Paras 9.7 to 9.9 Re: Recognised and Unrecognised Medical Colleges and Pattern of Fees

Para 9.7 The Committee note with concern that in recent years, there has been a mushrooming of private medical colleges mostly without adequate resources, proper infrastructure and expertise jeopardising the future of the admitted students. Out of 146 medical colleges in the country, 23 have not been recognised by the MCI. The Committee, however, note that the Government have already taken steps to restrict such private medical colleges by bringing an amendment in 1993 to the Indian Medical Council Act, which lays down a procedure for starting a new medical college or increasing the number of seats in the existing colleges. The amendment lays down certain conditions which are to be fulfilled before an application for starting a new medical college could be made. The Committee desire the Government to implement this legislation with all seriousness to ensure a minimum standards of the medical college and its hospital facilities before the grant of recognition to that college.

Para 9.8 The Committee further note that doctors registered in the State Medical Register are eligible to practice only in the State where they reside and the doctors having their registration with the Medical Council of India can practice any where in the country. The Committee feel that a common man does not know the distinction between such physicians or between a physician having a degree from a recognised medical college and one having it from an unrecognised medical college. To make a clear distinction between such types of physicians and to safeguard the interests of the common man, the Committee desire the Central Government/ Medical Council of India to make it mandatory for doctors to always display their 'Medical Council of India Registration Number' in their clinics.

Action Taken Reply of the Ministry

This Ministry is of the view that the doctors should display their MCI registration number in the clinics and on stationery used for the practice.

2.7 The Committee note with satisfaction that the Ministry have agree with the recommendation of the Committee that the doctors should display their MCI registration number in the clinics and on stationery used for the practice. The Committee hope that the Ministry would be able to implement the recommendation at the earliest.

CHAPTER III

RECOMMENDATIONS/OBSERVATIONS OF THE COMMITTEE WHICH HAVE NOT BEEN ACCEPTED BY THE GOVERNMENT

Recommendation Contained in Paras 8.6 and 8.7 Re: Lack of Commitment on the part of Doctors

Para 8.6 The Committee find that there are several schemes to give doctors rural orientation but these apparently have not met with much success. The Committee feel that unless a student had already developed a commitment to serve the people even before entering the medical college and formed a desire to use his profession in later years for bringing relief and succour for the sick an suffering human beings, they cannot be given orientation—not to be mainly interested to use the profession for their own gain. It is, therefore, necessary to ensure that the students gaining admission to undergraduate medical courses do have the right kind of social commitment for the sick and the suffering.

Para 8.7 The Committee recommend that the Government/Medical Council of India should frame regulations so as to evaluate the social commitment of the persons entering the Medical Education and the final admission to a medical college may be made only after such commitment has been ensured through work/training in rural areas in a suitable manner.

Action Taken Reply of the Ministry

This Ministry is of the view that in the selection of students, merit alone be the criteria. Though social commitment of a person entering medical service is a must and willingness to serve in rural areas a desirable provision, it cannot be made a criterion for selection of the students and has to be there on voluntary basis. It would also be difficult to determine and assess commitment of students to rural population.

The Central Committee on Health and Family Welfare in its last meeting resolved that a rural service for 3 years would be made a condition for granting permanent registration by the Medical Council of India.

3.1 After carefully considering the reply of the Ministry the Committee find that the Ministry is in agreement with the recommendation of the Committee that social commitment is must for a person entering the medical profession, but at the same time the Ministry have stated that it would be difficult to determine and assess commitment of students to serve in rural areas. The Ministry have also viewed that in the selection of students, merit alone should be criteria. The Committee find the position as explained by

the Ministry justified. The Committee feel that as an alternative, the resolution passed by the Central Committee on Health and Family Welfare that a rural service for 3 years would be made a condition for granting permanent registration by MCI, would serve the purpose.

Recommendation contained in Paras 9.7 to 9.9 Re: Recognised and Unrecognised Medical Colleges and Pattern of Fees

Para 9.9 The Committee are also of the view that there should be a uniform pattern of fees charged by different medical colleges *viz.* the Government medical colleges and private medical colleges. The Committee, however, note that the MCI/Central Government is already seized of the matter and the recommendation made by the Executive Committee of the MCI regarding the fixing of fees in private medical colleges have already been sent to the Central Government for a final decision. The Committee desires that the Government/MCI should expedite the matter so that a uniform pattern of fees could be provided in medical colleges to prevent inequity amongst students of the same course of studies.

Action Taken Reply of the Ministry

Uniform pattern of fees in Government and Private Medical Colleges is not possible. Entire expenditure on Government colleges is met by Government and Private colleges are run on fees collected by them.

As per Supreme Court order dated 11.8.95, the fees in private medical colleges are as under:—

1. Payment seats to NRI quota fees is decided by the college (Rs. 5000/- per student per year is paid by Central Government towards fee for free seats.)

2. In Government colleges there is variation in fees but it is highly subsidised and nominal.

3. Payment seats in private colleges is Rs. 70,000/-, 65,000/- and Rs. 75,000/-.

The above Supreme Court scheme including fees is subject to decision of a larger bench of the Supreme Court.

3.2 Regarding the recommendation of the Committee for prescribing a uniform pattern of fee for Government and Private Medical Colleges, the Committee note that according to the Ministry uniform pattern of fees in Government and Private Medical Colleges is not possible as the expenditure on Govenrment colleges is met by the Government and Private colleges are run on fees collected by them. The Committee,

however, note that as the Supreme Court is already seized of the matter, the Committee would not like to pursue the matter further.

Recommendation contained in Para 10.6 Re: Knowledge of other Systems

Para 10.5 The Committee are of the view that students after completing MBBS, during their internship, may be motivated to upgrade their knowledge in Indian systems of medicine so that they may not be contemptuous of these systems and also help to build a relationship between the modern and the ancient Indian systems of medicine. In this connection, Dr. P. Narasimha Rao, Vice-President of the Medical Council of India stated that instead of internship it would be better to have a course of one year duration as introduction to holistic medicines and those who are interested can branch out subsequently. He further stated that it would not be possible to give knowledge about these ancient medical systems to the students in the present system, as a doctor cannot be a specialist of 20 disciplines. Most of the witnesses were of the view that unless the total philosophy of these systems is understood it may be dangerous. The logic behind the various systems of medicine is totally different and, therefore, these need not be mixed up with the modern system.

Para 10.6 The Committee note that a revision of the medical curriculum incorporating revolutionary changes is on the anvil, the Committee recommend that rules/regulations under the Act be framed so as to enlarge the scope of medical education by incorporating into its elementary knowledge of the indigenous systems of medicines including homoeopathy. Many doctors may, thereafter choose to specialise or do scientific research in these indigenous systems which can be further developed by application of modern scientific knowledge and ultimately a holistic system of medicine may develop to serve the people of the country better.

Action Taken Reply of the Ministry

It may not be possible to mix up the two systems because each system is complete in itself and no medical practitioner can be expected to have complete knowledge of all the systems. Use of incomplete knowledge of any system can prove dangerous to patients. Hence, introduction of basic information on the Indian System of Medicine and Homoeopathy in the curriculum of medical students in the Modern System of Medicines could be explored.

3.3 After careful consideration, the Committee come to the conclusions that the reply of the Ministry is reasonable. The Committee also agree with

the proposal of the Ministry that introduction of basic information on the Indian System of Medicine and Homoeopathy in the curriculum of medical students in the Modern System of Medicines could be explored.

NEW DELHI;
March, 1997

Phalguna, 1918 *(S)*

KRISHAN LAL SHARMA,
Chairman,
Committee on Subordinate Legislation.

APPENDICES

APPENDIX I

(Vide Para 5 of the introduction of the Report)

SUMMARY OF RECOMMENDATIONS MADE IN THE SIXTH REPORT OF THE COMMITTEE ON SUBORDINATE LEGISLATION

S.No.	Reference to para No. in the Report	Summary of Recommendations
1	2	3
		Renewal of Registration
1.	2.1	The Committee note with satisfaction that the Ministry have agreed in principle with the recommendations of the Committee regarding periodic renewal of registration, although they have stated that there may be some administrative difficulties for the renewal of about 4.5 lakh doctors all over the country. The committee further note that to achieve the purpose, a workshop is being convened by the MCI to ascertain the views of the state Medical Councils. The committee trust the Ministry to implement the recommendation at the earliest.
		Transparency of Fees Charged by Physicians and Surgeons
2.	2.2.	The Committee note that the Ministry have agreed with the recommendations of the Committee for publishing a directory containing the details of physicians. The Ministry have, however, suggested that in view of a large number of doctors and as no data base is available regarding name and location of the private practitioners, the job would be undertaken in a phased manner. The committee hope that the Ministry would be able to fully implement the recommendation in due course of time.

1	2	3
		Maintenance of Medical Records by Medical Practitioners
3.	2.3	The Committee note that the Government have agreed with the recommendation of the Committee regarding compuslory maintenance of medical records of the patients by the Doctors. To ensure that this objective is achieved the Ministry have stated that MCI would workout the modalities. Regarding the recommendation of the Committee that it should be made obligatory on the part of the doctors to prescribe medicines as far as possible which the patient can afford, the Ministry have viewed that in medical practice, essential medicines have to be prescribed irrespective of the cost. In cases where alternate medicines are available for the same disease having the same effect, naturally, the cheaper one may be adopted. However, the Ministry have stated that the problem could be tackled if doctors prescribe the generic drugs as per the recommendation of WHO.
		Medical Education by Audio-Visual Methods
4.	2.4	The Committee note with satisfaction that the Ministry have accepted the recommendation for imparting Medical Education by audio-visual methods and have stated that the Medical Council of India shall separately advise the medical colleges to make extensive use of all modern teaching methods subject to availability of resources. They have further stated that the State Governments would again be advised to set up their own medical University and the medical colleges shall be advised by the Medical Council of India to make extensive use of audio-visual methods in teaching.
		Continued Medical Education
5.	2.5	The Committee note with satisfaction that the Government have agreed to the recommendation of the Committee and have stated that the Medical Council of India is already examining the possibility of making regulations for attendance of continued medical education programmes by doctors.

1	2	3
		Advertising
6.	2.6	The Committee note with satisfaction that the Ministry have agreed to the recommendation of the Committee regarding dissemination of information with regard to fees of the doctors, their field of specialisation etc. which may not amount to publicity or propaganda. The Ministry have also agreed to prescribe distinction between advertising for self promotion and advertising for public good as per the recommendation of the Committee.
		Recognised and Unrecognised Medical Colleges and Pattern of Fees
7.	2.7	The Committee note with satisfaction that the Ministry have agreed with the recommendation of the Committee that the doctors should display their MCI registration number in the clinics and on stationery used for the practice. The Committee hope that the Ministry would be able to implement the recommendation at the earliest.
		Lack of commitment on the part of Doctors
8.	3.1	After carefully considering the reply of the Ministry the Committee find that the Ministry is in agreement with the recommendation of the Committee that social commitment is must for a person entering the medical profession, but at the same time the Ministry have stated that it would be difficult to determine and assess commitment of students to serve in rural areas. The Ministry have also viewed that in the selection of students, merit alone should be criteria. The Committee find the position as explained by the Ministry justified. The Committee feel that as an alternative, the resolution passed by the Central Committee on Health and Family Welfare that a rural service for 3 years would be made a condition for granting permanent registration by MCI, would serve the purpose.

1	2	3
		Recognised and unrecognised Medical Colleges and Pattern of Fees
9.	3.2	Regarding the recommendation of the Committee for prescribing a uniform pattern of fee for Government and Private Medical Colleges, the Committee note that according to the Ministry uniform pattern of fees in Government and Private Medical Colleges is not possible as the expenditure on Government colleges is met by the Government and private colleges are run on fees collected by them. The Committee, however, note that as the Supreme Court is already seized of the matter, the Committee would not like to pursue the matter further.
		Knowledge of Other Systems
10.	3.3	After careful consideration, the Committee come to the conclusions that the reply of the Ministry is reasonable. The Committee also agree with the proposal of the Ministry that introduction of basic information on the Indian System of Medicine and Homoeopathy in the curriculum of medical students in the Modern System of Medicines could be explored.

MINUTES

APPENDIX II

[Vide para 4 of the Introduction of the Report]

MINUTES OF THE SIXTY SEVENTH SITTING OF THE COMMITTEE ON SUBORDINATE LEGISLATION TENTH LOK SABHA (1995-96)

The Committee met on Tuesday, 23 January, 1996 from 14.30 hours to 17.30 hours.

PRESENT

Shri Amal Datta—*Chairman*

MEMBERS

2. Shri Prithviraj D. Chavan
3. Shri V. Dhananjaya Kumar
4. Shri Rajendra Kumar Sharma
5. Shri Umrao Singh

SECRETARIAT

1. Smt. Roli Srivastava — *Joint Secretary*
2. Shri P.D.T. Achary — *Director*
3. Shri Ram Autar Ram — *Deputy Secretary*
4. Shri B.D. Swan — *Assistant Director*

I. ** ** ** **

II. REPRESENTATIVES OF THE MINISTRY OF HEALTH AND FAMILY WELFARE

1. Shri P.P. Chauhan, *Secretary*
2. Smt. Shailaja Chandra, *Additional Secretary*
3. Dr. Narendra Bihari, *Addl. D.G.H.S.*
4. Dr. V.P. Bansal, *Addl. D.G.*
5. Dr. (Mrs.) M. Sachdeva, *Secretary, M.C.I.*
6. Shri L. Parsad, *Director (ME)*
7. Shri M. Kannan, *Deputy Secretary*
8. Smt. Debi Mukherjee, *A.D.G. (PFA)*
9. Dr. Parveena Goyal, *A.D.G. (PH)*

III. ** ** ** **

2 to 8. ** ** ** **

**Omitted portions of the Minutes are not covered in this Report.

MINUTES OF THE NINTH SITTING OF THE COMMITTEE ON SUBORDINATE LEGISLATION (ELEVENTH LOK SABHA)

The Committee met on Wednesday, 5 March, 1997 from 15.00 to 15.30 hours.

PRESENT

Shri Krishan Lal Sharma — *Chairman*

MEMBERS

2. Shri V. Alagirisamy
3. Shri N. Dennis
4. Shri Bhupinder Singh Hooda
5. Shri Vijay Kumar Khandelwal
6. Shri V. Dhananjaya Kumar
7. Shri M. Baga Reddy
8. Shri Ram Kirpal Yadav

SECRETARIAT

1. Shri P.D.T. Achary—*Director*
2. Shri Ram Autar Ram—*Director*
3. Shri B.D. Swan—*Under Secretary*

2. The Committee considered and adopted their draft Third to Seventh Reports and decided to present them to the House on the 11th March, 1997.

3. The Committee thereafter decided to hold deliberations on the rules/regulations framed under the Citizenship Act, 1955, at their next sitting scheduled to be held on 13 March, 1997.

The Committee then adjourned.

9. The Committee then heard the views of the Ministry of Health with regard to implementation of recommendations made in various reports on the following subjects:—

**(i) ** **

(ii) Thirteenth Report (Tenth Lok Sabha) on the rules/regulations framed under the Indian Medical Council Act, 1956.

**(iii) ** **

****10 and 11. ** **

12. As regards implementation of recommendations contained in the Thirteenth Report on the rules/regulations framed under the Indian Medical Council Act, the Chairman desired to know the action taken in the matter.

**Omitted portions of the Minutes are not covered in this Report.

13. Smt. Shailaja Chandra, A.S. of the Ministry of Health stated that the Medical Council of India had constituted sub-committees for the purpose and the Committees have given their report to that Ministry on 25 July, 1995. This has been marked by them to the Director-General of Health Services which has got a Wing on Medical Education. She further stated that the Ministry have taken a view on all the points and this would be forwarded to the Committee.

14. On being asked by the Chairman whether the Ministry disagreed with the Medical Council of India on any point, Shri P.P. Chauhan, Secretary stated that as far as the recommendations of the Committee are concerned the Ministry would like to implement them.

15. The Committee insisted that the medical Council of India should publish a directory of Medical Practitioners indicating the names & addresses of the Doctors, their qualification, specialisation, consultation fee and such other charges for the facilities offered by the Hospitals. The directory could be made available in all medical shops. Shri P.P. Chauhan, Secretary further stated that directories may be made available in district police stations, pharmaceutical shops etc. The Committee also desired that the private doctors be brought under the purview of the Medical Council and rules may be framed to this effect.

16. The Chairman desired that the Medical Council should maintain a record of the Doctors who have registered themselves with them and should make it compulsory for the Doctors to renew their registration, which will enable the medical Council to know the speciality of the Doctor, qualification of the Doctor and the whereabouts of the Doctors. The Doctors may also be charged for renewing their registration.

17. The Chairman also desired that the consultation fee should cover a period of atleast 48 to 72 hours, if the Doctor repeats the checking on his own volition. Shri P.P. Chauhan, Secretary (Health) assured to do his best in this regard.

18. Smt. Shailaja Chandra, Additional Secretary stated that a curriculum has been prepared for attaching the doctors to the rural areas to do community service to evaluate their social commitment before their final admission the Medical Course.

19. Dr. V.P. Bansal, MCI stated that During internship of one year, Doctors are posted in rural areas for three months and at a meeting of the Central Council it was decided that the Doctors may not be given degrees unless they serve in the rural areas for a period of two or three years and that a permanent registration be given only after the completion of their rural training. Shri P.P. Chauhan, Secretary (Health) was of the opinion that this condition could be put before admission to post graduation courses.

20. To the recommendation of the Committee that there should be a uniform pattern of fees charged by different medical colleges, Smt. Shailaja Chandra, Additional Secretary stated that this has already been mandated by the Supreme Court.

21. Smt. Shailaja Chandra, Additional Secretary agreed to the recommendation made in para 4.5 that it should be made obligatory for private practitioners as well as for Doctors working in any Institutions/ hospitals to keep clinical records of each patient and indicate their findings, diagnosis, treatments and prescription and the treatment actually undergone. However, she stated that the other part of the recommendation that the doctors should prescribe only such medicines which are within the reach of the poor patients, could be possible if the doctors prescribe the generic drugs as per the recommendation on the WHO and which should be sold only in generic names. It was also suggested that even if a medicine is sold by its brand name, a mention of the generic name should also be made and the generic name should be more prominent otherwise the seller should be taken to the Consumer Court.

22. As regards recommendation that rules/regulations be framed under the Indian Medical Council Act so as to enlarge the scope of medical education by incorporating into it elementary knowledge of the indigenous systems of medicines including homoeopathy, the Secretary (health) stated that experts feel that it may not be possible to mix up the two systems because each system is complete in itself.

23 to 34. ** ** ** **

The representatives then withdrew.

The Committee then adjourned.

** Omitted portions of the Minutes are not covered in this Report.